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UTILITY PATENT APPLICATION **TRANSMITTAL**

42390P11045 Attorney Docket No. Monte J. Rhoads First Inventor

Title NETWORK APPLIANCE WIRELESS CONFIGURATION INTEFACE

Express Mail Label No. FT 034439290LIS

Olorby for 1	new nonprovisional applications under 37 CFR 1.53(b))	==	[ELUJ44372				
J	APPLICATION ELEMENTS	ADD	RESS TO:	Assistant Come	olication		PTO
See M	PEP chapter 600 concerning utility patent application contents	<u></u>		Washington, D	C 2023)1 	<u>à 6</u>
1. 🔀	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		D-ROM or CD-R in omputer Program (table or		U.S. 8233
	Applicant claims small entity status. See 37 CFR 1.27.		otide and/or Amino <i>i</i> olicable, <i>all nece</i> ssa		Submiss	ion	930
4 🔀	Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	a. [b. 5] c. [9. [] / 10. [] / 11. [] / 12. [] / 14. [] / 15. [] / 16. []	Computer Read pecification Seque i. CD-ROM or ii. paper Statements ver ACCOMPANY Assignment Papers 7 C.F.R. § 3.73(b) when there is an analytic and information Disclose Statement (IDS)/P1 Preliminary Amenda Return Receipt Pose (Should be specific Certified Copy of P (if foreign priority is Request and Certific Applicant must attal	dable Form (CRF nce Listing on: r CD-R (2 copies ifying identity of ifying identity of i(cover sheet & c Statement ssignee) Document (if ap ince if CO-1449 ment stcard (MPEP 50 ally itemized) riority Document ic claimed) ication under 35 ch form PTO/SE	above control of the	PARTS nt(s)) Power of Atto Copies of ID: Citations	rney
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6.	Application Data Sheet. See 37 CFR 1.76						
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For CON	TINUATION OR DIVISIONAL APPS only: The entire disclosure of scientification of the disclosure of the accompanying control of the companying control of the	tinuation or	divisional applicatio	on and is nereby i	ncorpor	is supplied un ated by refere	der nce.
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Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

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Complete if Known					
Application Number					
Filing Date	March 30, 2001				
First Named Inventor	Monte J. Rhoads				
Examiner Name					
Group/Art Unit					
Attorney Docket No.	42390P11045				

METHOD OF PAYMENT (check one)				FEE	CALCULATIO	N (continued	d)	
The Commissioner is hereby authorized to restit any engreyments to:	3. ADDITIONAL FEE							
Deposit	Large	Entity	Small					S Daid
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Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	139	130	139	130	Non-English speci			
Applicant claims small entity status. See 37 CFR 1.27.	147 112	2,520 920*	147 2 112		For filing a reques Requesting public			
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Order Order	115	110	215		Extension for resp			
FEE CALCULATION	116	390	216		Extension for resp			
1. BASIC FILING FEE	117	890	217	445	Extension for resp	onse within th	ird month	
Large Entity Small Entity	118	1,390	218	695	Extension for resp	oonse within fo	ourth month	
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Code (\$) Code (\$)	119	•	219	155	Notice of Appeal			
101 710 201 355 Utility filing fee 710.00	120	310	220	155	Filing a brief in su	pport of an ap	peal	
106 320 206 160 Design filing fee	121	270	221	135	Request for oral h	nearing		
107 490 207 245 Plant filing fee	138	1,510	138	1,510	Petition to institute	e a public use	proceeding	
108 710 208 355 Reissue filing fee	140	•	240	-	Petition to revive -			
114 150 214 75 Provisional filing fee		1,240	241		Petition to revive -			
SUBTOTAL (1) (\$) 710.00		1,240	242		Utility issue fee (o			
2. EXTRA CLAIM FEES Extra Fee from	143	•	243		Design issue fee	,		
2. EXTRA CLAIM FEES Extra Fee from Claims below	144		244		Plant issue fee			
Total Claims 25 - 20**= 5 X 18.00 = \$90.00			122	130	Petitions to the Co	ommissioner		
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**or number previously paid, if greater, For Reissues, see below	581		581		Recording each p	oatent assignn	nent per	
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103 18 203 9 Claims in excess of 20	149	710	249		examined (37 CF	R § 1.129(b))		
102 80 202 40 Independent claims in excess of 3 104 260 204 135 Multiple Dependent claim, if not paid	179	710	279	355	Request for Cont		ation (RCE)	
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SUBTOTAL (2) (\$) 90.00 * Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)								
SUBMITTED BY Complete (if applicable)								
Name (PrintType) Paul A. Mendonsa		Registra: Attorney/A			42,879	Telephone	(503) 684	1-6200
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